



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

August 29, 2013

Public Health & Emergency Preparedness Bulletin: # 2013:34 Reporting for the week ending 08/24/13 (MMWR Week #34)

CURRENT HOMELAND SECURITY THREAT LEVELS

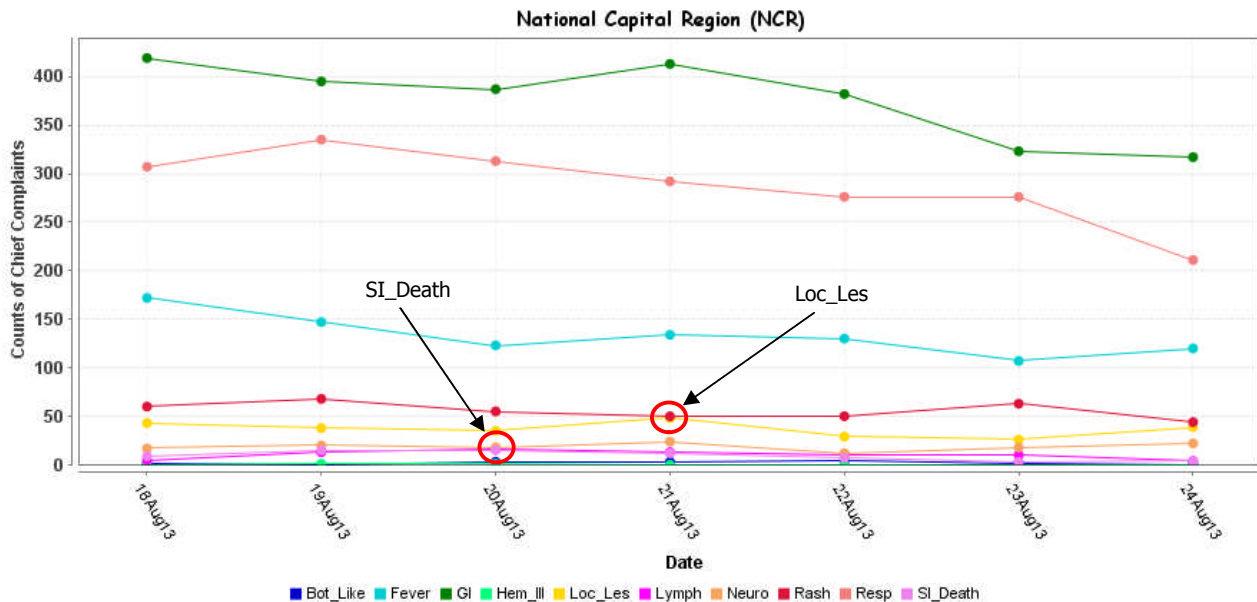
National: No Active Alerts
Maryland: Level Four (MEMA status)

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

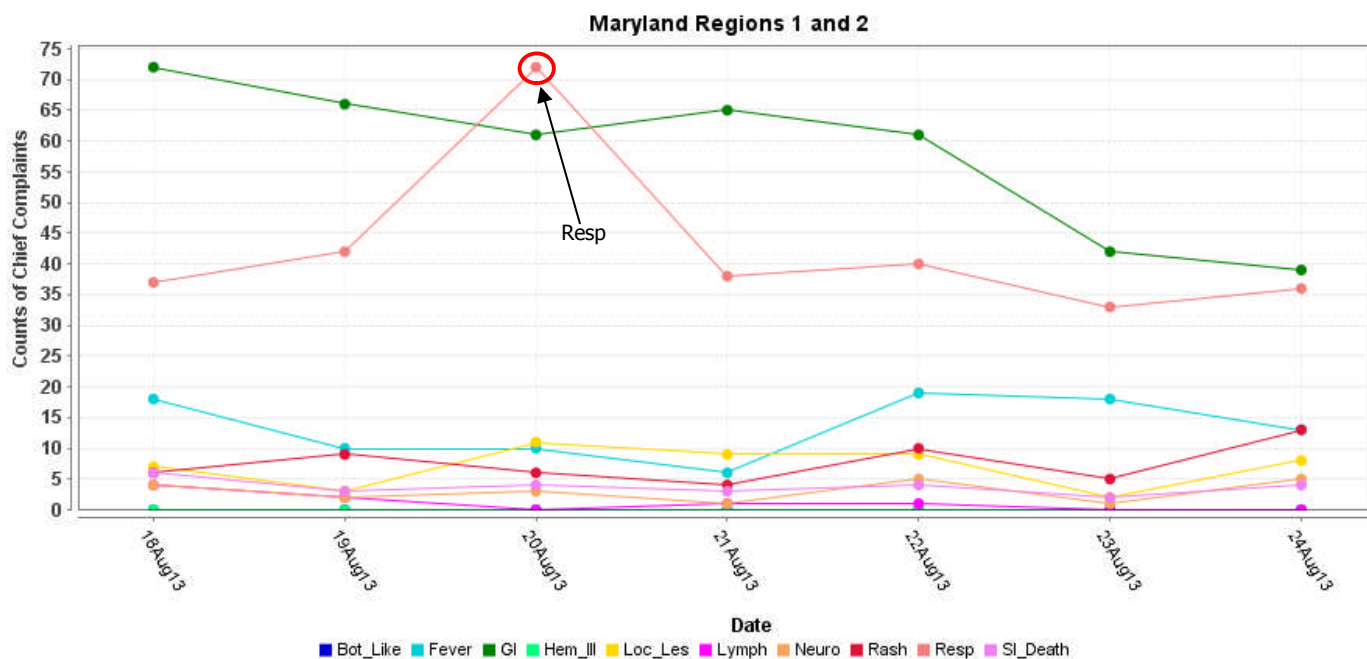
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Red alerts are generated when observed count for a syndrome exceeds the 99% confidence interval. Note: ESSENCE – ANCR uses syndrome categories consistent with CDC definitions.

Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

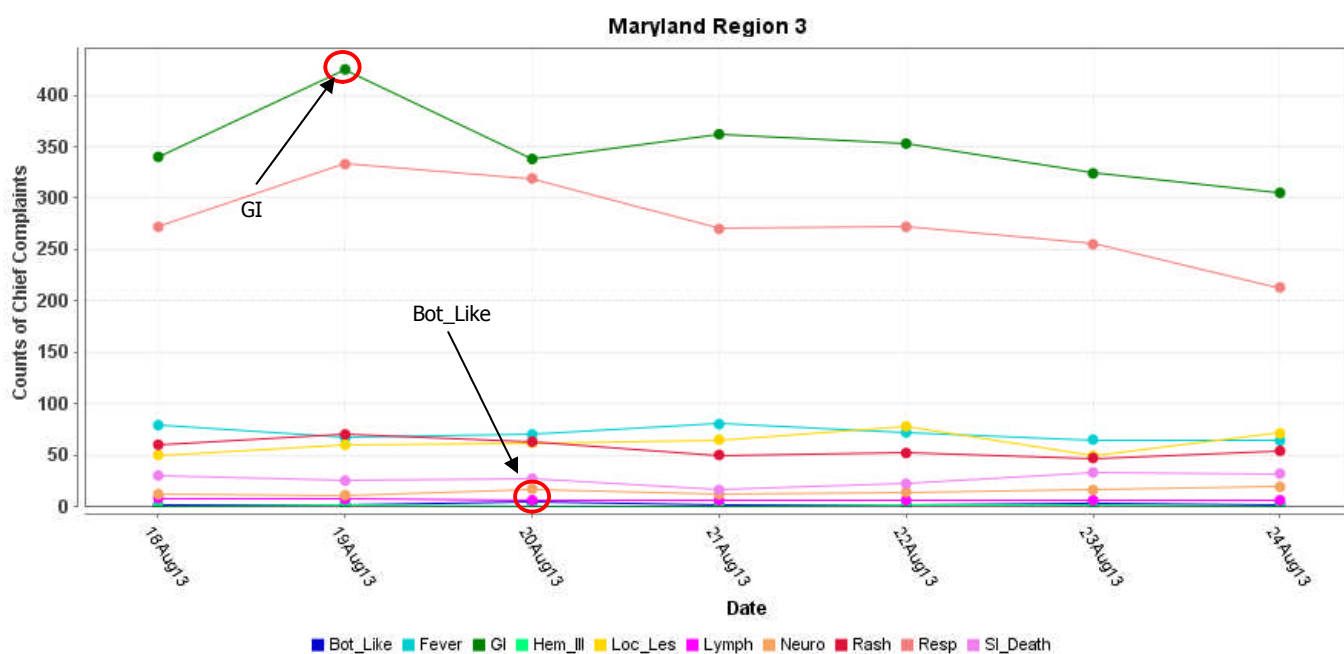


*Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

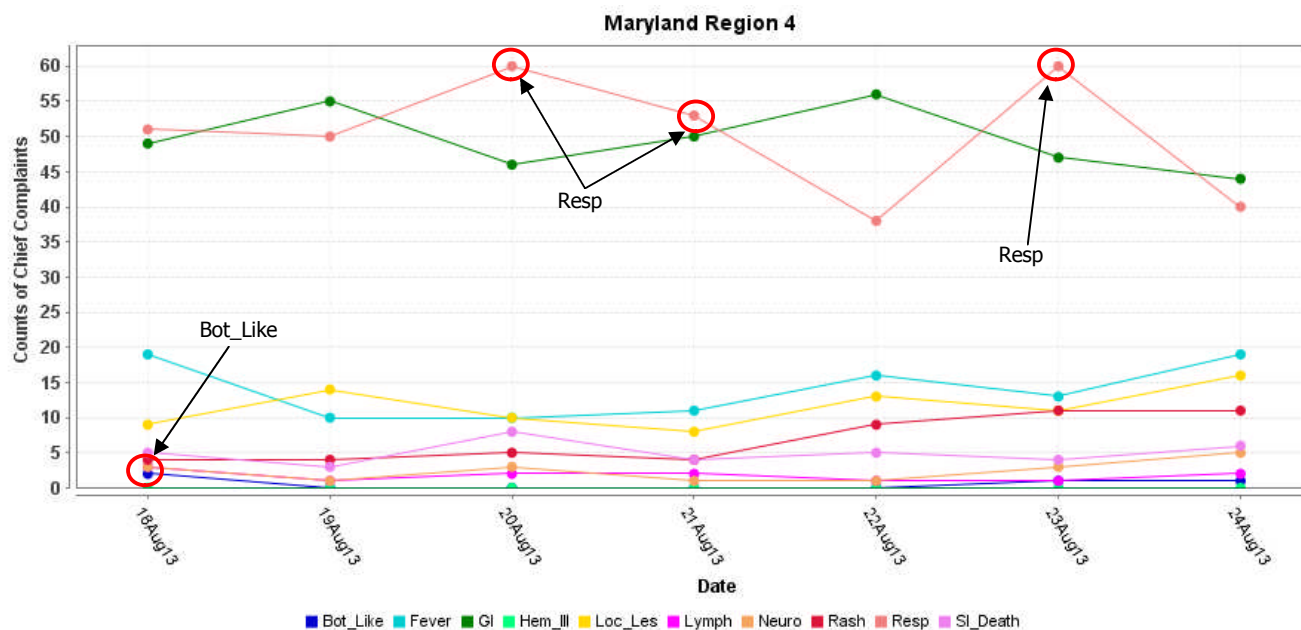
MARYLAND ESSENCE:



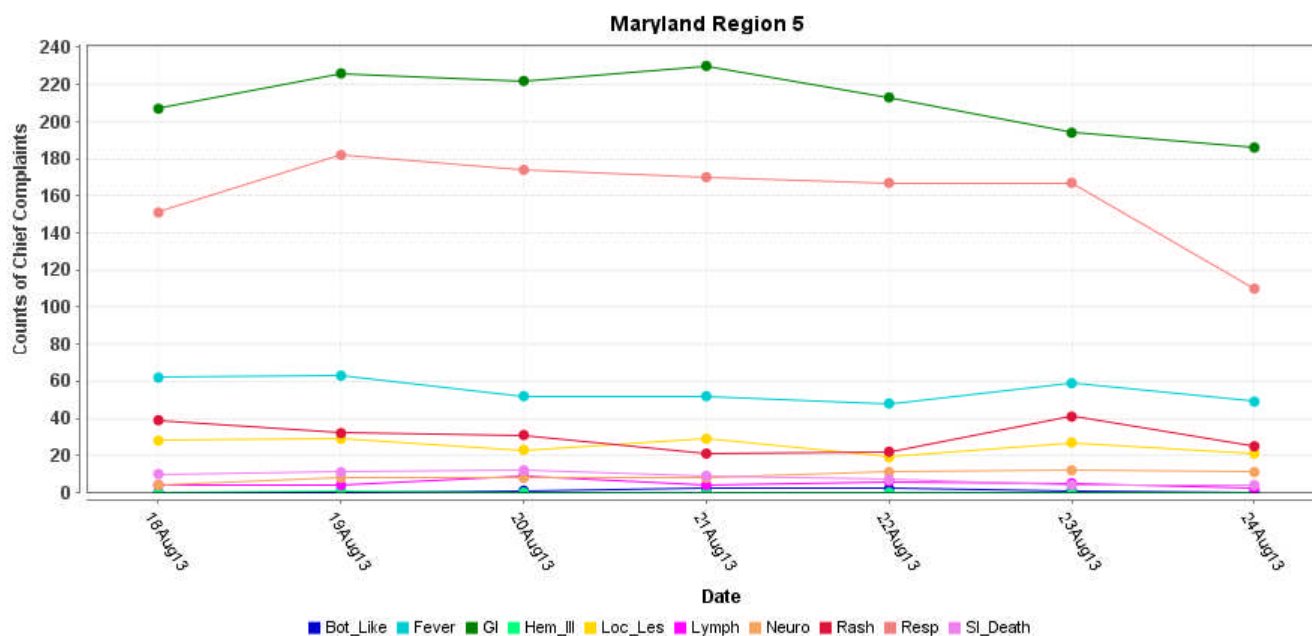
* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE



* Region 3 includes EDs in Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE



* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE

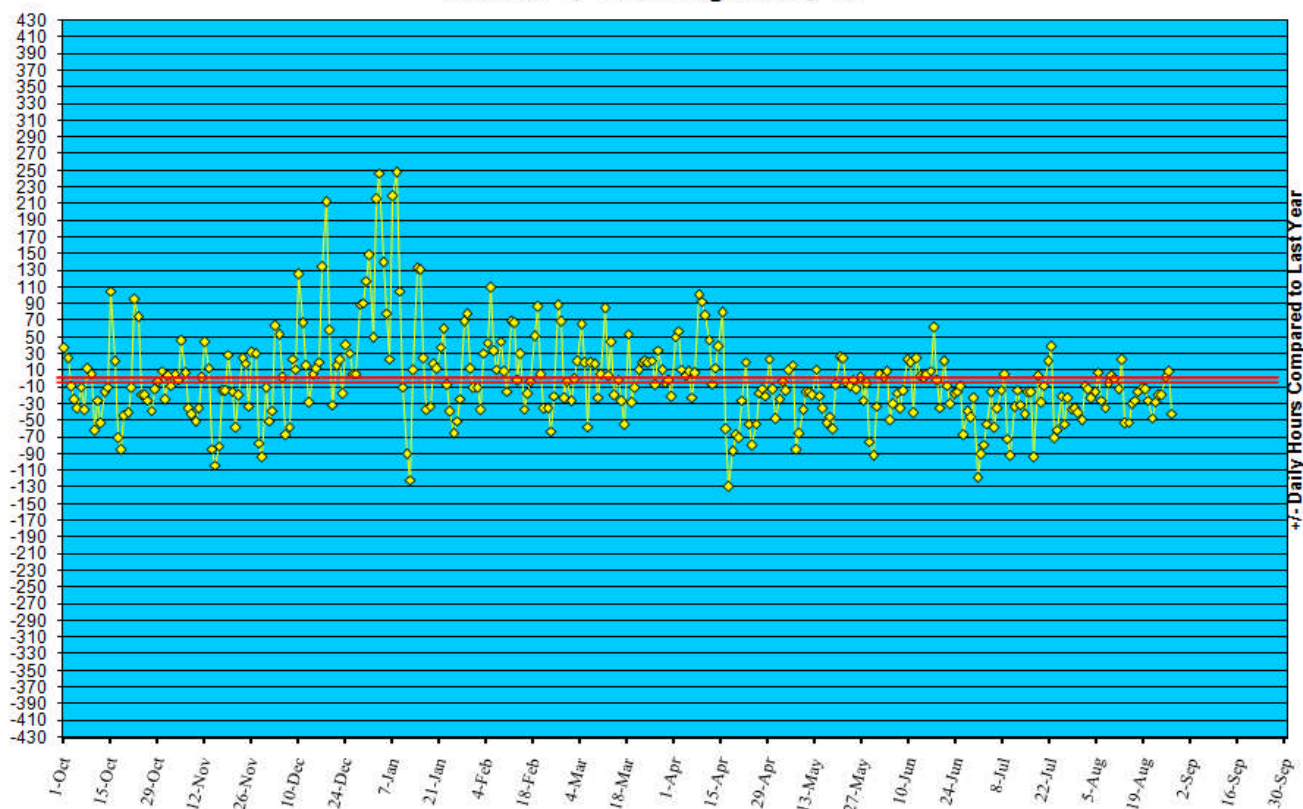


* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/11.

**Statewide Yellow Alert Comparison
Daily Historical Deviations
October 1, '12 to August 24, '13**



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to an emerging public health threat for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in July 2013 did not identify any cases of possible public health threats.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	<u>Aseptic</u>	<u>Meningococcal</u>
New cases (August 18 - August 24, 2013):	6	0
Prior week (August 11 - August 17, 2013):	11	0
Week#34, 2012 (August 20 – August 26, 2012):	21	0

4 outbreaks were reported to DHMH during MMWR Week 34 (August 18 – August 24, 2013)

1 Gastroenteritis Outbreak

1 outbreak of GASTROENTERITIS in an Assisted Living Facility

2 Foodborne Outbreaks

1 outbreak of LISTERIOSIS associated with a Food Vendor

1 outbreak of NEUROTOXIC SHELLFISH POISONING associated with a Restaurant

1 Respiratory Illness Outbreak

1 outbreak of PNEUMONIA in an Institution

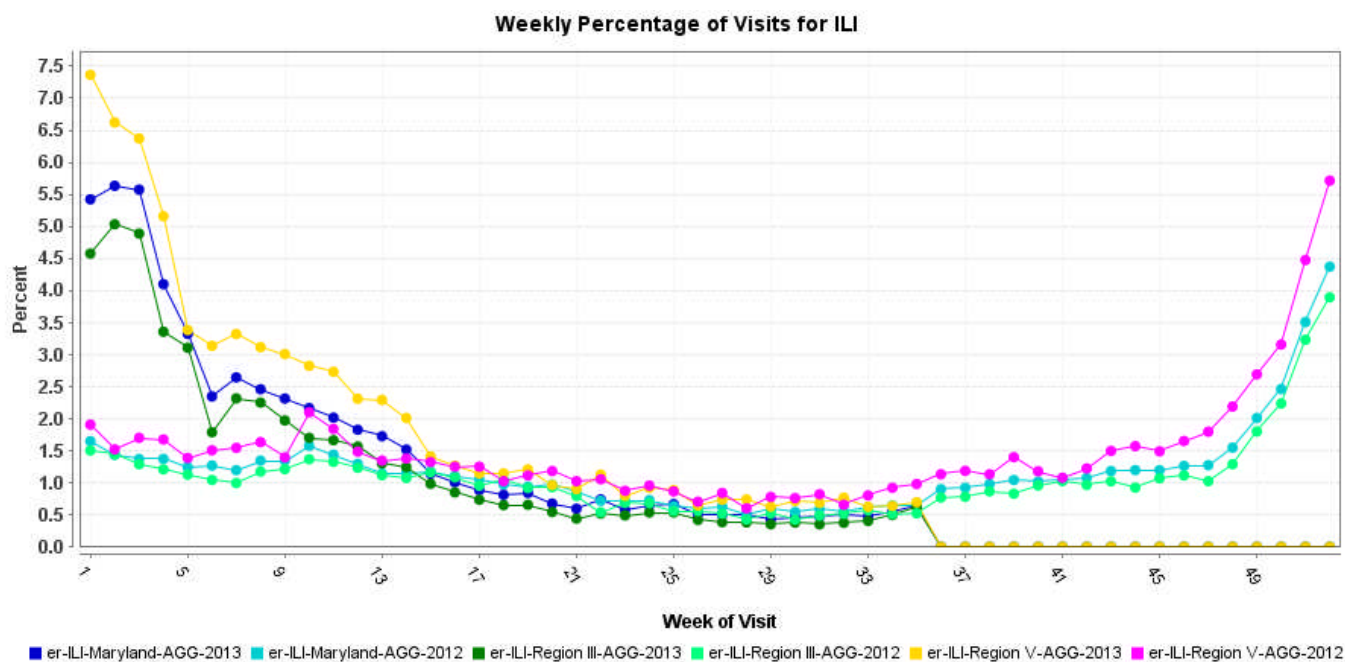
MARYLAND SEASONAL FLU STATUS

Seasonal Influenza reporting occurs October through May.

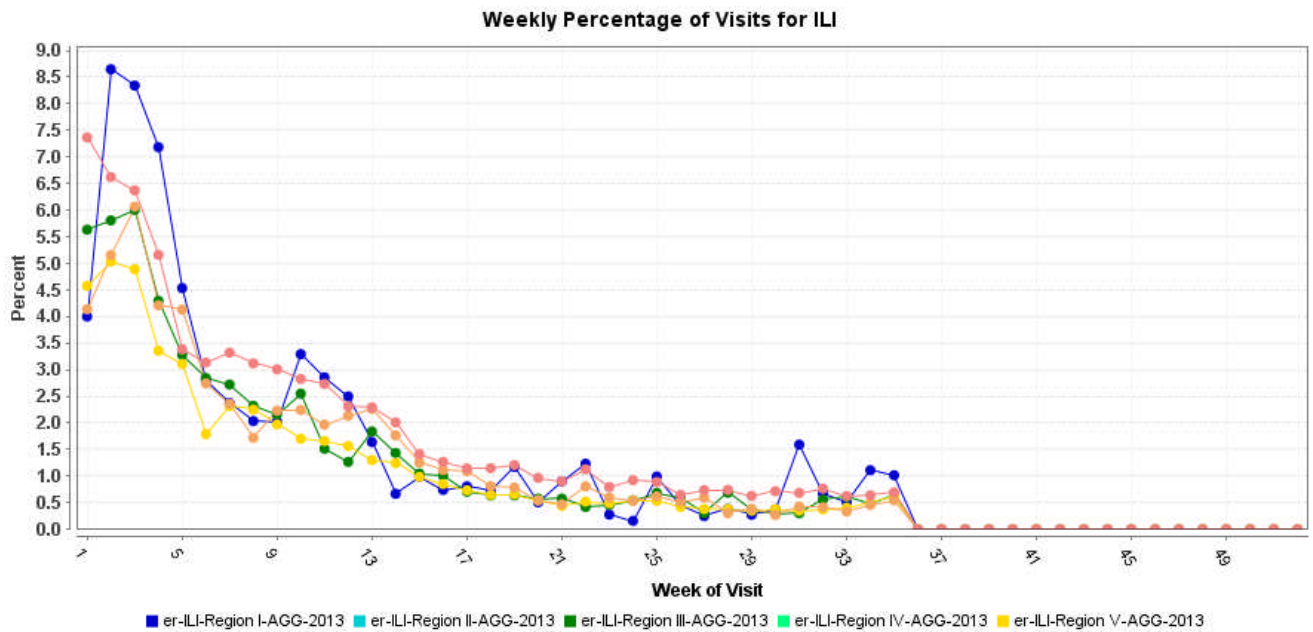
SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.



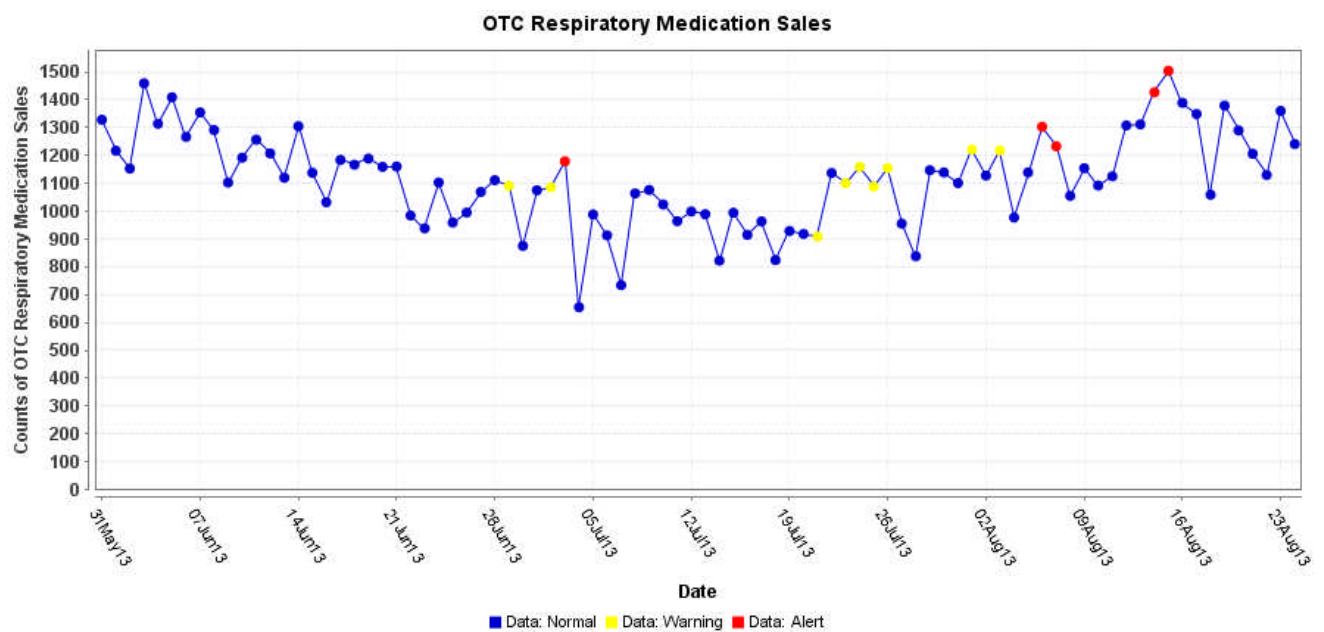
* Includes 2012 and 2013 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total



*Includes 2013 Maryland ED visits for ILI in Region 1, 2, 3, 4, and 5

OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. As yet, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national and global levels, are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of July 5, 2013, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 633, of which 377 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 60%.

AVIAN INFLUENZA, HUMAN, H5N1 & H7N9: In a lengthy perspective article in Lancet Infectious Diseases, Chinese scientists find many parallels between the human outbreak of H7N9 avian influenza in China this year [2013] and H5N1 avian influenza as it emerged in Hong Kong in 1997, but also some major differences. The Hong Kong H5N1 outbreak involved 18 cases with 6 deaths. So far this year [2013], there have been 135 H7N9 cases, including 43 deaths. H5N1 reemerged in 2003 and has caused 633 human illnesses with 377 deaths since then, according to the World Health Organization. Both viruses showed a predilection for infecting the lower respiratory tract, caused severe pneumonia with high mortality, and involved primarily poultry-to-human transmission, says the report by researchers from Hong Kong and Hangzhou. Also, both pathogens cropped up in growing megacities (Shanghai and Hong Kong) that lie on migratory bird flyways with major river deltas and many poultry farms in the vicinity. Genetically, both viruses are reassortants that have internal genes from H9N2 viruses found in Asian poultry, and both have genetic markers of mammalian adaptation in their hemagglutinin and polymerase PB2 segments, the report says. Among the differences, the researchers note that the H7N9 cases were not preceded by poultry outbreaks, unlike the H5N1 emergence. Also, H7N9 patients on average were much older and were more likely to be male than those in the 1997 event. Noting that the rapid increase in human H7N9 infections from March to May of this year [2013] is unprecedented for avian flu viruses, the authors comment, "Why H7N9 seems to be more readily transmitted from poultry to people than H5N1 is still unclear." In other observations, they predict that stringent measures to control H7N9 in poultry will stop the human epidemic, but caution that increasing problems with avian flu are expected as poultry consumption rises in China and demand increases. Also, they write that further research is needed on whether the widespread use of H5N1 poultry vaccines in East Asia, along with lax biosecurity measures in the poultry industry, contributed to the emergence of H7N9.

AVIAN INFLUENZA, HUMAN, H5N1: A 6-year-old boy from Cambodia's southern Kandal Province has been confirmed for the H5N1 virus infection, bringing the number of cases to 17 so far this year [2013], a joint statement by the World Health Organisation and the Cambodian Health Ministry said Wednesday [21 Aug 2013]. The boy was confirmed positive for human H5N1 avian influenza virus infection on 17 Aug 2013 after he caught fever, headache, abdominal pain, vomiting, cough, and lethargy, the statement said, adding that the boy came into contact with sick poultry. "The boy has now recovered," the statement said. Only 7 out of the 17 cases this year [2013] survived, the statement said. The latest death from the virus was a 9-year-old boy from northwestern Battambang Province, who died on Sunday [18 Aug 2013]. Avian influenza H5N1 remained a serious threat to the health of all Cambodians, Health Minister Mam Bunheng said. "Children also seem to be most vulnerable and are at high risk because they like to play where poultry are found," he said in the statement. "I urge parents and guardians to keep children away from sick or dead poultry and make sure children wash their hands with soap and water after any contact with poultry." Cambodia sees the worst outbreak of the virus this year [2013] since the disease was first identified in 2004. To date, the country has recorded 38 human cases of the virus, killing 29 people.

NATIONAL DISEASE REPORTS*

SALMONELLOSIS (MINNESOTA): 21 August 2013, At least 81 people fell ill from suspected salmonellosis after eating guinea pig meat and other foods from a vendor at a Minneapolis street festival earlier in August 2013, health officials said. The vendor had a city permit but sold unapproved food and handled it improperly, according to a city spokesman. The outbreak happened at the Ecuadorian Independence Day celebration at the New York Plaza Produce grocery on 11 Aug 2013. Scores of people went to Hennepin County Medical Center and Children's Hospital of Minneapolis with severe gastrointestinal symptoms after eating the tainted food. Bill Belknap, a spokesman for Hennepin County Public Health, said some of those who fell ill ate a traditional Ecuadorian dish that contained guinea pig, but others who didn't eat that dish also were sickened. The Minnesota Department of Health said a number of them tested positive for *Salmonella*. Everyone who fell ill was treated and released. "It was most likely a bad food item or items being poorly handled," Belknap said. "The diseased organism that originated somewhere got spread to other food items by cross-contamination." The Minnesota Department of Agriculture, which licenses the grocery, took samples of several food products sold at the festival and is testing them to pinpoint the cause of the contamination, said Margaret Hart, a spokeswoman for the department. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

E. COLI EHEC (ARIZONA): 20 August 2013, Jeanene Fowler with the Maricopa Department of Health confirmed that the number of cases related to an outbreak of [*E. coli* O157 caused] "bloody diarrhea" linked to a Federico's Mexican Restaurant in Litchfield Park has affected 22 more people, bringing the total number of cases to 74. Fowler said the increased number doesn't necessarily mean "new" cases are popping up, but that investigators are continuing to complete their interviews with those believed to be exposed to the bacterium. The Maricopa Department of Health also said 23 people remain hospitalized. Fowler also said all 74 cases involve individuals who ate at the Federico's Mexican Restaurant located at 13132 W Camelback Road in Litchfield Park, Arizona between 18 Jul 2013 and 30 Jul 2013. Fowler said it will take time to determine if more individuals are connected to the outbreak or not. The specific source of the outbreak remains under investigation. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

SALMONELLOSIS (NEW MEXICO): 19 August 2013, Portales, [New Mexico] is at the center of another national salmonella outbreak after state health officials said on Mon 19 Aug 2013 that a Portales hatchery was linked to a strain of *Salmonella* that has sickened hundreds across the country. The

Department of Health said the strain of *S. Typhimurium* that has infected more than 300 people in 37 states was found in a duck pen at Privett Hatchery on East Spruce in Portales, according to the department's press release. 19 of those cases were reported in New Mexico. The investigation has linked this outbreak to contact with chicks, ducklings, and other live baby poultry purchased from multiple feed stores. Privett Hatchery supplies baby chicks, ducklings and other live baby poultry to feed stores and mail order customers nationwide. The owner of Privett Hatchery was not available for comment, but the hatchery issued a statement on its website. "Privett Hatchery, Inc. shares the concerns of the public in regard to recent reports of illnesses. We are working with authorities at the New Mexico Department of Agriculture and CDC as they continue their investigation into salmonella outbreaks, some of which may be linked to our hatchery," the statement said. "Our top priority is providing safe, healthy poultry to our customers. We will continue to work with our suppliers to ensure we can do so." The press release said 60 percent of the cases are children aged 10 or younger, and no deaths have been reported, but at least 51 people have been hospitalized. According to the hatchery's statement, expanded biosecurity precautions and ongoing counsel from an outside expert are included in its focus on disease prevention and the reduction of risks of salmonella in its flocks. "As always, we will focus on our responsibility to educate consumers on proper care and handling of the birds," the statement said. State Public Health Veterinarian Paul Ettestad says the hatchery is most likely the source of the outbreak. But he says questions remain because federal officials have found that the people sickened with salmonellosis bought baby poultry at 113 feed store locations that were supplied by 18 mail order hatcheries in several states. This is the 2nd national salmonella outbreak connected to a Portales-based company within a year. Sunland Inc., the nation's largest organic peanut butter processor, had its products linked to a salmonellosis outbreak that sickened 41 people in 20 states last fall [2012]. The company temporarily shut down its factory, revamped its sanitation process, and completed test production runs in April 2013 to reopen its plant. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS*

TULAREMIA (RUSSIA): 23 August 2013, During the last 3 days [20-23 Aug 2013], 35 people became ill from tularemia in the Khanty-Mansiysk [Khanty-Mansi] town of Ugra. Among the ill were 4 children. Today [23 Aug 2013], the District Office of Epidemiology had a press conference providing the following information: "Cases presented with a marked rise in temperature to 39-40 C [102-104 F], headache, chills, weakness, muscle pain and swollen lymph nodes. Most had evidence of an inflamed insect bite of a mosquito or midge. Patients have been hospitalized in the infectious disease ward of the district hospital and have a moderate degree of severity," said the press service. It was stressed that the main source of tularemia is infected rodents. Infection of humans occurs through the bite of a mosquito or a gnat but can also be from contaminated food or airborne dust containing the organism that then contaminates water and/or food, or from direct contact with diseased rodents. Tularemia is a zoonosis. The causative agent of the disease is a bacterium, *Francisella tularensis*. The known carriers include: hares, rabbits, water rats, and voles. In nature, epizootic outbreaks occur periodically. The infection is transmitted to humans through direct contact with animals or through contaminated food and water, sometimes by aspiration. (Tularemia is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

SCOMBROID FISH POISONING (CHINA): 23 August 2013, Recently, 26 people have become ill because of eating stale mackerel but have now recovered. [A representative from] Shenzhen CDC reported that histamine poisoning is a common fishborne disease in humans. Fishborne histamine poisoning can be related to mackerel, tunny, skipjack, saury, wahoo, sardine and many other fish that contain much histidine. When this fish is stale or has been stored improperly, bacteria will turn the histidine into histamine. When accumulated to a certain amount of histamine, it will cause symptoms. It is known that histamine poisoning happens often in Shenzhen [Guangdong province]. Histamine poisoning often happens in autumn. Clinical features include a whole body skin flush and warm discomfort in entire body, headache, dizziness, abdominal discomfort, diarrhea, tachycardia, chest distress and drop in blood pressure. Some patients may have wheezing. Recovery occurs in 1-2 days. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

FOODBORNE ILLNESS (CANADA): 23 August 2013, The cronut burger was the culprit behind a massive food poisoning outbreak at the Canadian National Exhibition [CNE, The Ex] this week [week of 20 Aug 2013], Toronto Public Health confirmed. Dr David McKeown, the city's chief medical officer of health, blamed the burger for getting around 150 people ill at the Ex on Tue 20 Aug 2013. "The cronut burger is the only food that was common to the people that became ill and laboratory tests have identified the *Staphylococcus aureus* enterotoxin in samples of the cronut burger, so yes, we believe it is the source of the outbreak," McKeown told reporters. The outbreak started with around a dozen people being treated by paramedics on site at the CNE Tuesday night [20 Aug 2013] -- 5 of those people had to be taken to hospital. Of the 150 people who reported to public health that they got ill after eating food at the CNE, around 100 have already been interviewed. "Based on the information from the ill individuals, the only common food exposure that they had was the cronut burger served by Epic Burgers," McKeown said. "*Staphylococcus aureus* [entero] toxin is a recognized cause of foodborne illness. The *S. aureus* bacterium produces a toxin which can cause nausea, vomiting, and diarrhea within 2 to 4 hours of ingestion." The bacterium wasn't on the list of ingredients in the headline-grabbing hamburger, which beyond the beef includes 2 cronuts (a cross between a donut and a croissant), processed cheese and a maple bacon jam topping. Now public health will be testing all the different parts of the burger to determine which part contained the bacterium. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

SALMONELLOSIS (UNITED KINGDOM): 22 August 2013, An outbreak of [salmonellosis] is being investigated in north west Wales, it has been revealed. Public Health Wales (PHW) officials have said 5 of the 22 people, including children, were hospitalized but have since been allowed home. Environmental Health officers in Conwy and Gwynedd councils and PHW are investigating. The source of the outbreak, which began in mid-July [2013], has not been identified. Health officials say 22 cases have been confirmed with the same unique strain but have yet to find a common link. The outbreak does not seem to be easing off, with notifications coming in fairly steadily and not concentrated on one particular town or locality. Anyone who lives in Conwy and Gwynedd or has visited it since mid-July [2013] has been advised to contact their GP if they are experiencing food poisoning symptoms, such as diarrhoea, stomach cramps, vomiting and fever. Dr Judy Hart, consultant in public health at PHW, said although the illness is unpleasant, those affected should make a full recovery. "Salmonella is usually contracted by eating food like red and white meats, raw eggs, milk and other dairy products which contain the bacterium, usually following cross-contamination of cooked food by raw food or by failing to ensure food is properly stored and cooked before it's eaten," she said. "We are working with environmental health officers to investigate the possible cause of the outbreak and will continue to monitor the situation." (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

*National and International Disease Reports are retrieved from <http://www.promedmail.org/>.

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website:
<http://preparedness.dhmh.maryland.gov/>

Maryland's Resident Influenza Tracking System: <http://dhmh.maryland.gov/flusurvey>

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

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Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents

Table: Text-based Syndrome Case Definitions and Associated Category A Conditions

Syndrome	Definition	Category A Condition
Botulism-like	ACUTE condition that may represent exposure to botulinum toxin ACUTE paralytic conditions consistent with botulism: cranial nerve VI (lateral rectus) palsy, ptosis, dilated pupils, decreased gag reflex, media rectus palsy. ACUTE descending motor paralysis (including muscles of respiration) ACUTE symptoms consistent with botulism: diplopia, dry mouth, dysphagia, difficulty focusing to a near point.	Botulism
Hemorrhagic Illness	SPECIFIC diagnosis of any virus that causes viral hemorrhagic fever (VHF): yellow fever, dengue, Rift Valley fever, Crimean-Congo HF, Kyasanur Forest disease, Omsk HF, Hantaan, Junin, Machupo, Lassa, Marburg, Ebola ACUTE condition with multiple organ involvement that may be consistent with exposure to any virus that causes VHF ACUTE blood abnormalities consistent with VHF: leukopenia, neutropenia, thrombocytopenia, decreased clotting factors, albuminuria	VHF
Lymphadenitis	ACUTE regional lymph node swelling and/ or infection (painful bubo- particularly in groin, axilla or neck)	Plague (Bubonic)
Localized Cutaneous Lesion	SPECIFIC diagnosis of localized cutaneous lesion/ ulcer consistent with cutaneous anthrax or tularemia ACUTE localized edema and/ or cutaneous lesion/ vesicle, ulcer, eschar that may be consistent with cutaneous anthrax or tularemia INCLUDES insect bites EXCLUDES any lesion disseminated over the body or generalized rash EXCLUDES diabetic ulcer and ulcer associated with peripheral vascular disease	Anthrax (cutaneous) Tularemia
Gastrointestinal	ACUTE infection of the upper and/ or lower gastrointestinal (GI) tract SPECIFIC diagnosis of acute GI distress such as Salmonella gastroenteritis ACUTE non-specific symptoms of GI distress such as nausea, vomiting, or diarrhea EXCLUDES any chronic conditions such as inflammatory bowel syndrome	Anthrax (gastrointestinal)

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents
(continued from previous page)

Syndrome	Definition	Category A Condition
Respiratory	<p>ACUTE infection of the upper and/ or lower respiratory tract (from the oropharynx to the lungs, includes otitis media)</p> <p>SPECIFIC diagnosis of acute respiratory tract infection (RTI) such as pneumonia due to parainfluenza virus</p> <p>ACUTE non-specific diagnosis of RTI such as sinusitis, pharyngitis, laryngitis</p> <p>ACUTE non-specific symptoms of RTI such as cough, stridor, shortness of breath, throat pain</p> <p>EXCLUDES chronic conditions such as chronic bronchitis, asthma without acute exacerbation, chronic sinusitis, allergic conditions (Note: INCLUDE <i>acute exacerbation</i> of chronic illnesses.)</p>	<p>Anthrax (inhalational)</p> <p>Tularemia</p> <p>Plague (pneumonic)</p>
Neurological	<p>ACUTE neurological infection of the central nervous system (CNS)</p> <p>SPECIFIC diagnosis of acute CNS infection such as pneumococcal meningitis, viral encephalitis</p> <p>ACUTE non-specific diagnosis of CNS infection such as meningitis not otherwise specified (NOS), encephalitis NOS, encephalopathy NOS</p> <p>ACUTE non-specific symptoms of CNS infection such as meningismus, delirium</p> <p>EXCLUDES any chronic, hereditary or degenerative conditions of the CNS such as obstructive hydrocephalus, Parkinson's, Alzheimer's</p>	Not applicable
Rash	<p>ACUTE condition that may present as consistent with smallpox (macules, papules, vesicles predominantly of face/arms/legs)</p> <p>SPECIFIC diagnosis of acute rash such as chicken pox in person > XX years of age (base age cut-off on data interpretation) or smallpox</p> <p>ACUTE non-specific diagnosis of rash compatible with infectious disease, such as viral exanthem</p> <p>EXCLUDES allergic or inflammatory skin conditions such as contact or seborrheic dermatitis, rosacea</p> <p>EXCLUDES rash NOS, rash due to poison ivy, sunburn, and eczema</p>	Smallpox
Specific Infection	<p>ACUTE infection of known cause not covered in other syndrome groups, usually has more generalized symptoms (i.e., not just respiratory or gastrointestinal)</p> <p>INCLUDES septicemia from known bacteria</p> <p>INCLUDES other febrile illnesses such as scarlet fever</p>	Not applicable

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents (continued from previous page)

Syndrome	Definition	Category A Condition
Fever	<p>ACUTE potentially febrile illness of origin not specified</p> <p>INCLUDES fever and septicemia not otherwise specified</p> <p>INCLUDES unspecified viral illness even though unknown if fever is present</p> <p>EXCLUDE entry in this syndrome category if more specific diagnostic code is present allowing same patient visit to be categorized as respiratory, neurological or gastrointestinal illness syndrome</p>	Not applicable
Severe Illness or Death potentially due to infectious disease	<p>ACUTE onset of shock or coma from potentially infectious causes</p> <p>EXCLUDES shock from trauma</p> <p>INCLUDES SUDDEN death, death in emergency room, intrauterine deaths, fetal death, spontaneous abortion, and still births</p> <p>EXCLUDES induced fetal abortions, deaths of unknown cause, and unattended deaths</p>	Not applicable

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION**

Toll Free 1-877-4MD-DHMH – TTY/Maryland Relay Service 1-800-735-2258
Web Site: www.dhmf.maryland.gov